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Atât carantina, cât și „vaccinul” nu au nicio bază științifică. Michel Chossudovsky

De profesorul Michel Chossudovsky
Cercetare globală, 13 noiembrie 2025

Temă: Știință și Medicină

Translate Website

Nota și actualizarea autorului

Lumea se află într-o stare de criză de mai bine de cinci ani, în ciuda faptului că OMS și CDC (cu insinuările obișnuite) au confirmat fără echivoc că ***testul RT-PCR folosit pentru a justifica fiecare mandat politic, inclusiv carantinele, distanțarea socială, purtarea măștii, izolarea forței de muncă, închiderea activității economice etc., este defectuos și invalid.***

Același lucru este valabil și pentru lansarea vaccinului ARNm în decembrie 2020.

Video: „Noul coronavirus ” inexistent?

Michel Chossudovsky, Interviu cu Caroline Mailloux, Lux Media

MICHEL CHOSSUDOVSKY - VIRUSUL CARE NU A EXISTAT NICIODATĂ (REPARAT)

Michel Chossudovsky , Cercetare Globală, 9 decembrie 2023

Articolul de mai jos a fost publicat pentru prima dată pe 21 martie 2021 și se concentrează pe Mea Culpa OMS din 20 ianuarie 2021.

Avizul OMS a fost urmat, câteva luni mai târziu, de decizia șocantă a Centrelor pentru Controlul și Prevenirea Bolilor (CDC) (21 iulie 2021) de ***a retrage testul PCR ca metodă validă pentru detectarea și identificarea SARS-CoV-2.***

Începând cu 31 decembrie 2021, testul PCR nu mai este considerat valid de către CDC în SUA.

Pentru mai multe detalii, consultați

Bombă: CDC nu mai recunoaște testul PCR ca metodă validă pentru detectarea „cazurilor confirmate de Covid-19”?

De prof. Michel Chossudovsky , 29 decembrie 2021

Aceasta implică faptul că **atât CDC, cât și OMS au recunoscut oficial eșecurile testului RT-PCR,** fără a implementa însă o schimbare în metodologia de detectare și identificare a SARS-CoV-2.

Mass-media tradițională recunoaște acum, cu reticență, că testul PCR este defectuos

După ce a susținut campania de propagandă, mass-media a recunoscut acum tacit că **testul PCR este INVALID** .

Mai jos este un extras din Daily Mail-ul londonez despre un subiect **cunoscut și documentat de oamenii de știință și de presa independentă încă de la începutul crizei provocate de coronavirus, în ianuarie 2020.**

Raportul de mai jos este complicat. Este evident o subestimare:

> „Ne-au convins testele PCR eronate că Covid era mai rău decât era în realitate? …
>
> **Una dintre cele mai durabile teorii ale conspirației despre Covid a fost** aceea că testele PCR „ **standardul de aur” folosite pentru diagnosticarea virusului** identificau persoane care nu erau de fapt infectate.
>
> Unii au sugerat chiar că probele, care au fost efectuate de peste 200 de milioane de ori numai în Marea Britanie, ar putea confunda răceala comună și gripa cu coronavirusul.
>
> If either, or both, were true, it would mean many of these cases should never have been counted in the daily tally – that the ominous and all-too-familiar figure, **which was used to inform decisions on lockdowns and other pandemic measures**, was an over-count. (Daily Mail, March 12, 2022, emphasis added)

It is carefully worded with a view to protecting the decision-makers.

The PCR Test is the Smoking Gun. There is No Pandemic

We are not dealing with **mistakes** as suggested by the above media report.

If the PCR test is invalid and meaningless, this means that there is no such thing as a “Covid-19 Confirmed Case”

The results of the PCR test routinely tabulated by the WHO have been used to justify the lockdown policies imposed on more than 190 member states of the United Nations.

Economic and social chaos has been triggered Worldwide, and these actions adopted by corrupt governments in the course of the last three years are of criminal nature. They are not mistakes.

And if there is no Pandemic, there is no need for a vaccine.

The Covid-19 mRNA “Vaccine” is the BIGGEST FRAUD IN MEDICAL HISTORY

For further details see my E-Book (15 Chapters) entitled:

The Worldwide Corona Crisis: Global Coup d’État against Humanity”

By Prof Michel Chossudovsky, August 2022

See also my recent article on the failed identification of 2019-nCoV, which is related to the flawed RT-PCR test.

There Never Was a “New Corona Virus”, There Never Was a Pandemic

By Prof Michel Chossudovsky, December 08, 2023

***

The WHO Confirms that the Covid-19 PCR Test is Flawed:

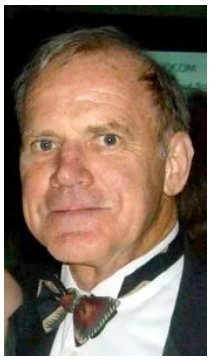
Estimates of "Positive Cases" are Meaningless.

Both the Lockdown and the "Vaccine" Have No Scientific Basis

by

Michel Chossudovsky

March 21, 2021



*Nobel Prize Laureate **Kary B. Mullis** was the inventor of the **polymerase chain reaction technique,** which is analyzed in this article.*

Dr. Kary B. Mullis**, who passed away on August 7, 2019 at age 74, stated emphatically that no infection or illness can be accurately diagnosed with the RT-PCR. **His legacy will live.

> *"PCR is a Process. It does not tell you that you are sick. … The measurement is not accurate".*

Mullis described the RT-PCR as a "technique" rather than "a test".

It is a useful technique which allows for "rapid amplification of a small stretch of DNA".

Introduction

There is a sequence of outright lies and fabrications used to justify far-reaching policy decisions in the course of the last 20 months.

*The biggest lie, which is firmly acknowledged both by scientific opinion and the WHO is that the **RT-PCR test used to "detect" the spread of the virus (as well as the variants) is not only flawed but TOTALLY INVALID.***

From the outset in January 2020, all far-reaching policy decisions upheld and presented to the public as a "means to saving lives" were based on flawed and invalid RT-PCR case positives.

These invalid Covid-19 "estimates" have been used to justify confinement, social distancing, the face mask, the prohibition of social gatherings, cultural and sports events, the closure of economic activity, as well as the mRNA "vaccine" launched in November 2020.

The RT-PCR Test

***The Real Time Reverse Transcription Polymerase Chain Reaction (rRT-PCR)** test was adopted by the WHO on January 23, 2020 as a means to detecting the SARS-COV-2 virus, following the recommendations of a Virology research group (based at Charité University Hospital, Berlin), supported by the Bill and Melinda Gates Foundation. (For Further details see the Drosten Study)*

Exactly one year later on January 20th, 2021, the WHO retracts. They don't say "We Made a Mistake". The retraction is carefully formulated. (See original WHO document here as well as in Annex)

*While the WHO does not deny the validity of their misleading January 2020 guidelines, they nonetheless recommend "**Re-testing"** (which everybody knows is an impossibility).*

The contentious issue pertains to the number of amplification threshold cycles (Ct). According to Pieter Borger, et al

> The number of amplification cycles [should be] less than 35; preferably 25-30 cycles. In case of **virus detection, >35 cycles** only detects signals which do not correlate with infectious virus as determined by isolation in cell culture…(Critique of Drosten Study)

The World Health Organization (WHO) tacitly **admits one year later that ALL PCR tests conducted at a 35 cycle amplification threshold (Ct) or higher are INVALID. But that is what they recommended in January 2020, in consultation with the virology team at Charité Hospital in Berlin.**

If the test is conducted at a 35 Ct threshold or above (which was recommended by the WHO), genetic segments of the SARS-CoV-2 virus cannot be detected, which means that **ALL the so-called confirmed "positive cases" tabulated in the course of the last 18 months are invalid.**

According to Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, et al, the Ct > 35 has been the norm "in most laboratories in Europe & the US".

The WHO's Mea Culpa

Below is the WHO's carefully formulated "Retraction". The full text with link to the original document is in annex:

> WHO guidance Diagnostic testing for SARS-CoV-2 states that **careful interpretation of weak positive** results is needed (*1*). **The cycle threshold (Ct)** needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, **a new specimen should be taken and retested** using the same or different NAT technology. (emphasis added)

> WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, **the risk of false positive increases** (*2*). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.

"Invalid Positives" is the Underlying Concept

This is not an issue of **"Weak Positives"** and **"Risk of False Positive Increases".** What is at stake is a "Flawed Methodology" which leads **to invalid estimates.**

What this admission of the WHO confirms is that **the estimate of covid positive from a PCR test** (with an amplification threshold of 35 cycles or higher) is **invalid**. In which case, the WHO recommends retesting: **"a new specimen should be taken and retested…".**

The WHO calls for **"Retesting"**, which is tantamount to **"We Screwed Up".**

That recommendation is pro-forma. It won't happen. Millions of people Worldwide have already been tested, starting in early February 2020. Nonetheless, we must conclude that unless retested, **those estimates (according to the WHO) are invalid.**

I should mention that there are several other related flaws regarding the PCR test which are not addressed in this article. (See Michel Chossudovsky's E-book: click to download **The Worldwide Corona Crisis: Global Coup d'État against Humanity** (Chapter III)

From the outset, the PCR test has routinely been applied at a Ct amplification threshold of 35 or higher, following the January 2020 recommendations of the WHO. What this means is that the PCR methodology as applied Worldwide has in the course of the last 12-14 months led to the compilation of faulty and misleading Covid statistics.

And these are the statistics which are used to measure the progression of the so-called "pandemic". Above an amplification cycle of 35 or higher, the test will not detect fragments of the virus**.** Therefore, **the official "covid numbers" are meaningless.**

It follows that there is no scientific basis for confirming the existence of a pandemic.

Which in turn means that the lockdown / economic measures which have resulted in social panic, mass poverty and unemployment (allegedly to curtail the spread of the virus) have no justification whatsoever.

According to scientific opinion:

> "if someone is tested by PCR as positive **when a threshold of 35 cycles or higher is used** (as is the case in most laboratories in Europe & the US), **the probability that said person is actually infected is less than 3%**, **the probability that said result is a false positive is 97%** (Pieter Borger, Bobby Rajesh Malhotra, Michael Yeadon, Clare Craig, Kevin McKernan, et al, Critique of Drosten Study)

> **3. The number of amplification cycles (less than 35; preferably 25-30 cycles);**
>
> In case of virus detection, >35 cycles only detects signals which do not correlate with infectious virus as determined by isolation in cell culture [reviewed in 2]; if someone is tested by PCR as positive when a threshold of 35 cycles or higher is used (as is the case in most laboratories in Europe & the US), the probability that said person is actually infected is less than 3%, the probability that said result is a false positive is 97% [reviewed in 3]

As outlined above, **"the probability that said result is a false positive is 97%"**: It follows that using the >35 cycles detection will indelibly contribute to "hiking up" the number of "fake positives".

At the time of writing (mid-March 2021), despite the WHO retraction, the PCR test is being used extensively to hike up the numbers with a view to sustaining the fear campaign, justifying the ongoing lockdown policies as well as the implementation of the Covid vaccine.

Ironically, the flawed numbers based on **"invalid positives"** are in turn being manipulated to ensure an upward trend in so-called "Confirmed Covid -19 Cases".

Moreover, those PCR tests are not routinely accompanied by a medical diagnosis of the patients who are being tested.

And now, national health authorities have issued (fake) warnings of a "Third Wave" as part of their propaganda campaign in support of the Covid-19 Vaccine.

The WHO confirms that the Covid PCR test procedure as applied is invalid. There is absolutely no scientific basis for implementing the Covid Vaccine.

Both the WHO and the scientific assessment of **Pieter Borger**, et al (quoted above) confirm unequivocally that the tests adopted by governments to justify the lockdown and the destabilization of national economies are INVALID.

Invalid Data and the Numbers' Game

It should be understood that **these "invalid estimates" are the "numbers" quoted relentlessly 24/7** by the media in the course of the "First Wave" and "Second Wave"**,** which have been used **to feed the fear campaign and "justify" ALL the policies put forth by the governments:**

- lockdown,
- closure of economic activity,
- poverty and mass unemployment,
- bankruptcies
- social distancing,
- face mask,
- curfew,
- the vaccine.
- the health passport

Invalid Data. Think Twice Before Getting Vaccinated

And Now we have entered a so-called **"Third Wave".** (But where's the data??)

It's a complex "Pack of Lies".

It's a crime against humanity.

***

VIDEO

click lower right hand corner to access vimeo / full screen

CENSORSHIP: The original video was taken down by Vimeo on March 5, 2022

Below is version on Rumble

***

Michel Chossudovsky discusses The Most Devastating Crisis in Human History
Professor of Economics University of Ottawa

Our thanks to Vaccine Choice Canada

The Video is produced by **Ariel Rodriguez,** Global Research

Followup Reading

For an in-depth analysis of the Corona Crisis crisis see Michel Chossudovsky's E-Book (15 Chapters) entitled:

The Worldwide Corona Crisis, Global Coup d'État against Humanity

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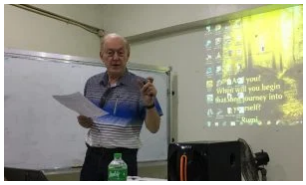
About the Author



Michel Chossudovsky is an award-winning author, Professor of Economics (emeritus) at the University of Ottawa, Founder and Director of the Centre for Research on Globalization (CRG), Montreal, Editor of Global Research.

He has undertaken field research in Latin America, Asia, the Middle East, sub-Saharan Africa and the Pacific and has written extensively on the economies of developing countries with a focus on poverty and social inequality. He

has also undertaken research in Health Economics (UN Economic Commission for Latin America and the Caribbean (ECLAC), UNFPA, CIDA, WHO, Government of Venezuela, John Hopkins International Journal of Health Services (1979, 1983)

He is the author of eleven books including *The Globalization of Poverty and The New World Order* (2003), *America's "War on Terrorism"* (2005), *The Globalization of War, America's Long War against Humanity* (2015).

He is a contributor to the Encyclopaedia Britannica. His writings have been published in more than twenty languages. In 2014, he was awarded the Gold Medal for Merit of the Republic of Serbia for his writings on NATO's war of aggression against Yugoslavia. He can be reached at crgeditor@yahoo.com

See Michel Chossudovsky, Biographical Note

Michel Chossudovsky's Articles on Global Research

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Postscript

Since its release on March 21, 2021, quite unexpectedly tens of thousands of people have read this article.

My intent was essentially to **Refute and Reveal the Big Lie** (focussing on scientific and statistical concepts) without directly addressing the broader implications of the lockdown and closure of economic activity.

This diabolical project which emanates from the upper echelons of the financial establishment (including the World Economic Forum) is **destroying people's lives** Worldwide. It is creating mass unemployment, triggering famines in developing countries.

With some exceptions including Tanzania, most of the 193 member states of the United Nations have endorsed the WEF's "corona consensus".

The Truth is a peaceful yet powerful weapon.

Now is the time to confront those governments and demand a repeal of the lockdown policies which are triggering poverty and despair Worldwide.

The WHO's BIG LIE is refuted by the WHO.

The alleged pandemic is a scam. That is something which cannot be denied or refuted.

And that was the object of this article.

It's a complex scam based on "a pack of lies" with devastating consequences.

In the course of the last 14 months starting in early January 2020, I have analyzed almost on a daily basis the timeline and evolution of the Covid crisis. From the very outset in January 2020, people were led to believe and accept the existence of a rapidly progressing and dangerous epidemic.

We are at the crossroads of one of the most serious crises in World history. We are living history, yet our understanding of the sequence of events since January 2020 has been blurred.

Worldwide, people have been misled both by their governments and the media as to the causes and devastating consequences of the Covid-19 "pandemic".

The unspoken truth is that the novel coronavirus provides a pretext and a justification to powerful financial interests and corrupt politicians to precipitate the entire World into a spiral of mass unemployment, bankruptcy, extreme poverty and despair.

More than 7 billion people Worldwide are directly or indirectly affected by the corona crisis.

Click to consult:

The 2020 Worldwide Corona Crisis: Global Coup d'État against Humanity

(E-Book, 15 Chapters)

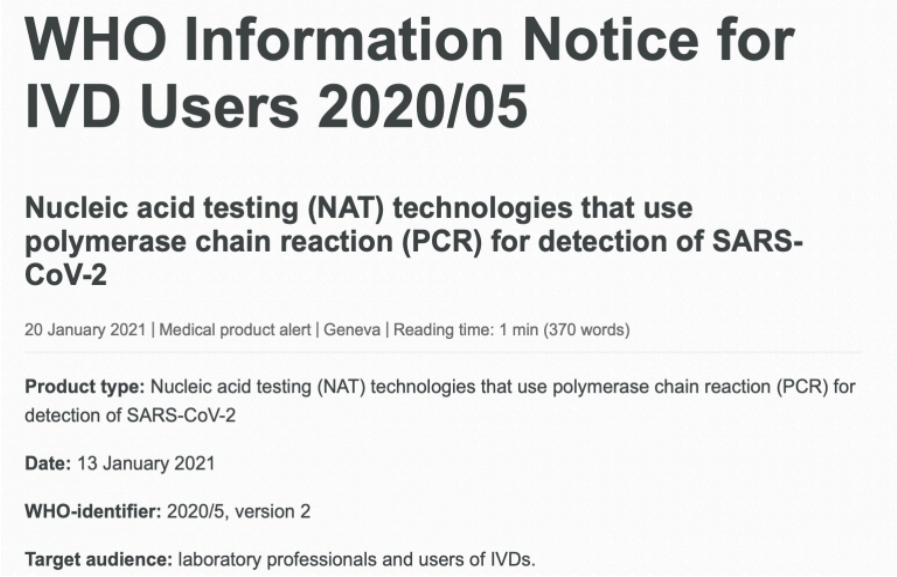
Also please forward this article. Your support is invaluable.

Michel Chossudovsky, Biographical Note

Michel Chossudovsky's Articles on Global Research

Full text of the WHO directive dated January 20, 2021

Annex



WHO Information Notice for IVD Users 2020/05

Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

20 January 2021 | Medical product alert | Geneva | Reading time: 1 min (370 words)

Product type: Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2

Date: 13 January 2021

WHO-identifier: 2020/5, version 2

Target audience: laboratory professionals and users of IVDs.

Nucleic Acid Testing (NAT) Technologies that Use Polymerase Chain Reaction (PCR) for Detection of SARS-CoV-2

Product type: *Nucleic acid testing (NAT) technologies that use polymerase chain reaction (PCR) for detection of SARS-CoV-2*

Date: 13 January 2021

WHO-identifier: *2020/5, version 2*

Target audience: *laboratory professionals and users of IVDs.*

Purpose of this notice: clarify information previously provided by WHO. This notice supersedes WHO Information Notice for In Vitro Diagnostic Medical Device (IVD) Users 2020/05 version 1, issued 14 December 2020.

Description of the problem: WHO requests users to follow the instructions for use (IFU) when interpreting results for specimens tested using PCR methodology.

Users of IVDs must read and follow the IFU carefully to determine if manual adjustment of the PCR positivity threshold is recommended by the manufacturer.

WHO guidance Diagnostic testing for SARS-CoV-2 states that careful interpretation of weak positive results is needed (*1*). **The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology.**

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, the risk of false positive increases (*2*). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.

Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information.

Actions to be taken by IVD users:

1. Please read carefully the IFU in its entirety.
2. Contact your local representative if there is any aspect of the IFU that is unclear to you.
3. Check the IFU for each incoming consignment to detect any changes to the IFU.
4. Provide the Ct value in the report to the requesting health care provider.

Notes

1. Diagnostic testing for SARS-CoV-2. Geneva: World Health Organization; 2020, WHO reference number WHO/2019-nCoV/laboratory/2020.6.

2. Altman DG, Bland JM. Diagnostic tests 2: Predictive values. BMJ. 1994 Jul 9;309(6947):102. doi: 10.1136/bmj.309.6947.102.

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emphasis added

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16 May 2024
In "English"

Bombshell: CDC No Longer Recognizes the PCR Test As a Valid Method for Detecting "Confirmed Covid-19 Cases"?
6 April 2022
In "English"

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Articles by:
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Michel Chossudovsky este un autor premiat, profesor emerit de economie la Universitatea din Ottawa, fondator și director al Centrului de Cercetare a Globalizării (CRG) din Montreal, redactor al revistei Global Research. A efectuat cercetări de teren în America Latină, Asia, Orientul Mijlociu, Africa Subsahariană și Pacific și a scris pe larg despre economiile țărilor în curs de dezvoltare, concentrându-se pe sărăcie și inegalitatea socială. De asemenea, a efectuat cercetări în domeniul economiei sănătății (Comisia Economică a ONU pentru America Latină și Caraibe (ECLAC), UNFPA, CIDA, OMS, Guvernul Venezuelei, John Hopkins International Journal of Health Services (1979, 1983). Este autorul a 13 cărți, inclusiv Globalizarea sărăciei și noua ordine mondială (2003), „Războiul împotriva terorismului" al Americii (2005), Globalizarea războiului, lungul război al Americii împotriva umanității (2015). Colaborează la Enciclopedia Britannica. Scrierile sale au fost publicate în peste douăzeci de limbi. În 2014, a fost decorat cu Medalia de Aur pentru Merit a Republicii Serbia pentru scrierile sale despre războiul de agresiune al NATO împotriva Iugoslaviei. Îl puteți contacta la adresa crgeditor@yahoo.com.

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